

Los Angeles County Sheriff's Department

Officer Involved Shooting

Page 1 of 5

Report Date: 05-08-19		Bureau/Station/Facility: East Los Angeles Station		Admin. Invest. ? <input type="checkbox"/> Hit? <input checked="" type="checkbox"/>	
Incident Information					
URN: 016-08468-0250-013		Date: 06-11-16		Time: 1430	
City or Station: Maywood		Nature of Incident: Deputies responded to the location regarding a family disturbance call. The suspect armed himself with a makeshift spear when a shooting occurred.			
Location: Corona Avenue Maywood, CA 90270					
Location Type (check one or more): <input type="checkbox"/> Backyard <input type="checkbox"/> Beach <input type="checkbox"/> Business <input type="checkbox"/> Freeway <input type="checkbox"/> Industrial <input type="checkbox"/> Park <input type="checkbox"/> Parking Lot <input checked="" type="checkbox"/> Residence <input type="checkbox"/> Rural <input type="checkbox"/> School <input type="checkbox"/> Street Other:		Lighting (check only one): <input type="checkbox"/> Darkness <input checked="" type="checkbox"/> Daylight <input type="checkbox"/> Other <input type="checkbox"/> Street Lights Weather (circle only one): <input type="checkbox"/> Clear <input checked="" type="checkbox"/> Cloudy <input type="checkbox"/> Fog <input type="checkbox"/> Rain Distance: 6-8 feet		Incident Type (check one or more): <input type="checkbox"/> Accidental <input checked="" type="checkbox"/> Armed Person <input type="checkbox"/> Fleeing Suspect <input type="checkbox"/> Foot Pursuit <input type="checkbox"/> Gun Take Away <input type="checkbox"/> Moving Vehicle <input type="checkbox"/> Sniper/Ambush <input type="checkbox"/> Startle <input type="checkbox"/> Struggle Involved <input type="checkbox"/> Traffic Stop <input type="checkbox"/> Unarmed Person <input type="checkbox"/> Unintentional <input type="checkbox"/> Vehicle Pursuit <input type="checkbox"/> Warrant Service <input type="checkbox"/> Warning Shot Other:	
Total # of Shots Fired by Deputy: 4		Total # of Shots Fired by Suspect: 0		Initiated by (check only one): <input type="checkbox"/> Arrest Warrant <input checked="" type="checkbox"/> Call <input type="checkbox"/> Observation <input type="checkbox"/> One Person Unit <input type="checkbox"/> Other <input type="checkbox"/> Search Warrant <input type="checkbox"/> Two Person Unit Prior Activity (check only one): <input type="checkbox"/> Detective <input type="checkbox"/> Inmate Transport <input type="checkbox"/> Other <input type="checkbox"/> Routine Patrol Aero Unit? <input type="checkbox"/> Canine Unit? <input type="checkbox"/>	
Employee Witnesses					
Employee #	Last Name	First Name	M.I.	ShiftTime (check only one):	ShiftType (check only one):
				<input type="checkbox"/> EM <input type="checkbox"/> PM <input checked="" type="checkbox"/> Day	<input checked="" type="checkbox"/> Regular <input type="checkbox"/> Overtime <input type="checkbox"/> Off Duty
Employee #	Last Name	First Name	M.I.	ShiftTime (check only one):	ShiftType (check only one):
	Alatorre	Jaime	NMI	<input type="checkbox"/> EM <input type="checkbox"/> PM <input checked="" type="checkbox"/> Day	<input checked="" type="checkbox"/> Regular <input type="checkbox"/> Overtime <input type="checkbox"/> Off Duty
Employee #	Last Name	First Name	M.I.	ShiftTime (check only one):	ShiftType (check only one):
	Cuevas	Jose	A.	<input type="checkbox"/> EM <input type="checkbox"/> PM <input checked="" type="checkbox"/> Day	<input checked="" type="checkbox"/> Regular <input type="checkbox"/> Overtime <input type="checkbox"/> Off Duty
Non-Employee Witnesses					
Last Name		First Name		M.I.	
Street Address		City		Zip Code	
Last Name		First Name		M.I.	
Street Address		City		Zip Code	
Last Name		First Name		M.I.	
Street Address		City		Zip Code	
Supervisor					
Employee #	Last Name	First Name	M.I.	(check one or more):	
	Moreno	Dianne	NMI	<input checked="" type="checkbox"/> On Duty <input checked="" type="checkbox"/> Witness to shooting <input checked="" type="checkbox"/> Present during shooting <input type="checkbox"/> Involved in shooting	
Employee #	Last Name	First Name	M.I.	(check one or more):	
	Parks	Frank	E.	<input checked="" type="checkbox"/> On Duty <input type="checkbox"/> Witness to shooting <input checked="" type="checkbox"/> Present during shooting <input type="checkbox"/> Involved in shooting	
Watchman					
Employee #	Last Name	First Name	M.I.		
	Flores	Joel	NMI		
Watch Commander					
Employee #	Last Name	First Name	M.I.		
	Salinas	Alejandro	NMI		

PSTD Use Only

SH #

2405395

SUPPLEMENTAL EMPLOYEE WITNESSES

Los Angeles County Sheriff's Department

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Employee Witness			
Last Name	Gonzalez	First Name	M.I.
		Daniel	D.
Street Address	East Los Angeles Station	Zip Code	Work Ph Home Ph
		(323) 264-4151	
Last Name		First Name	M.I.
Street Address		Zip Code	Work Ph Home Ph
Last Name		First Name	M.I.
Street Address		Zip Code	Work Ph Home Ph
Last Name		First Name	M.I.
Street Address		Zip Code	Work Ph Home Ph
Last Name		First Name	M.I.
Street Address		Zip Code	Work Ph Home Ph
Last Name		First Name	M.I.
Street Address		Zip Code	Work Ph Home Ph
Last Name		First Name	M.I.
Street Address		Zip Code	Work Ph Home Ph
Last Name		First Name	M.I.
Street Address		Zip Code	Work Ph Home Ph
Last Name		First Name	M.I.
Street Address		Zip Code	Work Ph Home Ph
Last Name		First Name	M.I.
Street Address		Zip Code	Work Ph Home Ph
Last Name		First Name	M.I.
Street Address		Zip Code	Work Ph Home Ph
Last Name		First Name	M.I.
Street Address		Zip Code	Work Ph Home Ph
Last Name		First Name	M.I.
Street Address		Zip Code	Work Ph Home Ph
Last Name		First Name	M.I.
Street Address		Zip Code	Work Ph Home Ph
Last Name		First Name	M.I.
Street Address		Zip Code	Work Ph Home Ph

Officer Involved Shooting Involved Employee Information

URN: 016-08468-0250-013

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Involved Employee												
E 1	Employee #		Last Name			First Name		M.I.				
			Chinarian			Eric		NMI				
	Sex: M		Race: W		Rank: DSG		Unit Assignment: East Los Angeles Station		Work Assignment (Unit #, Module, etc.): Unit 28			
	ShiftTime (circle only one): <input type="checkbox"/> EM <input checked="" type="checkbox"/> PM <input type="checkbox"/> Day		ShiftType (circle only one): <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Overtime <input type="checkbox"/> Off Duty		Intoxication/Drug Usage? <input type="checkbox"/>		Substance Used:					
	Hospital Admission? <input type="checkbox"/>		Hospital Name:		Coroner Case? <input type="checkbox"/>		Coroner Case #		Interviewed? <input type="checkbox"/>			
	Hrs of sleep prior to shooting: 5.5 - 6 hours		Duty Time (hrs):		Clothing (circle only one): <input type="checkbox"/> Plain Clothes no Vest <input type="checkbox"/> Plain Clothes w/ Vest <input type="checkbox"/> Raid Jacket no Vest <input type="checkbox"/> Raid Jacket w/ Vest		Other Factors:					
	Age:		Height: 5'08"		Weight: 185							
	Range Qualification Date:		PPC Qualification Date:		Laser Training Date:							
	Certified with Weapon Used? <input type="checkbox"/>		Patrol Certification? <input type="checkbox"/>		Certification Unit:		Prior Shootings?		Number of Prior Shootings:		Directed Force: <input type="checkbox"/>	
	Weapons Fired Brand: Beretta		Caliber: 9mm		# Shots: 4		Weapons Fired Brand:		Caliber:		# Shots:	
Field Training Officer Emp #		Last Name			First Name			M.I.				
Field Training Officer Emp #		Last Name			First Name			M.I.				
E	Employee #		Last Name			First Name		M.I.				
	Sex:		Race:		Rank:		Unit Assignment:		Work Assignment (Unit #, Module, etc.):			
	ShiftTime (circle only one): <input type="checkbox"/> EM <input type="checkbox"/> PM <input type="checkbox"/> Day		ShiftType (circle only one): <input type="checkbox"/> Regular <input type="checkbox"/> Overtime <input type="checkbox"/> Off Duty		Intoxication/Drug Usage? <input type="checkbox"/>		Substance Used:					
	Hospital Admission? <input type="checkbox"/>		Hospital Name:		Coroner Case? <input type="checkbox"/>		Coroner Case #		Interviewed? <input type="checkbox"/>			
	Hrs of sleep prior to shooting:		Duty Time (hrs):		Clothing (circle only one): <input type="checkbox"/> Plain Clothes no Vest <input type="checkbox"/> Plain Clothes w/ Vest <input type="checkbox"/> Raid Jacket no Vest <input type="checkbox"/> Raid Jacket w/ Vest		Other Factors:					
	Age:		Height:		Weight:							
	Range Qualification Date:		PPC Qualification Date:		Laser Training Date:							
	Certified with Weapon Used? <input type="checkbox"/>		Patrol Certification? <input type="checkbox"/>		Certification Unit:		Prior Shootings? <input type="checkbox"/>		Number of Prior Shootings:		Directed Force: <input type="checkbox"/>	
	Weapons Fired Brand:		Caliber:		# Shots:		Weapons Fired Brand:		Caliber:		# Shots:	
Field Training Officer Emp #		Last Name			First Name			M.I.				
Field Training Officer Emp #		Last Name			First Name			M.I.				
E	Employee #		Last Name			First Name		M.I.				
	Sex:		Race:		Rank:		Unit Assignment:		Work Assignment (Unit #, Module, etc.):			
	ShiftTime (circle only one): <input type="checkbox"/> EM <input type="checkbox"/> PM <input type="checkbox"/> Day		ShiftType (circle only one): <input type="checkbox"/> Regular <input type="checkbox"/> Overtime <input type="checkbox"/> Off Duty		Intoxication/Drug Usage? <input type="checkbox"/>		Substance Used:					
	Hospital Admission? <input type="checkbox"/>		Hospital Name:		Coroner Case? <input type="checkbox"/>		Coroner Case #		Interviewed? <input type="checkbox"/>			
	Hrs of sleep prior to shooting:		Duty Time (hrs):		Clothing (circle only one): <input type="checkbox"/> Plain Clothes no Vest <input type="checkbox"/> Plain Clothes w/ Vest <input type="checkbox"/> Raid Jacket no Vest <input type="checkbox"/> Raid Jacket w/ Vest		Other Factors:					
	Age:		Height:		Weight:							
	Range Qualification Date:		PPC Qualification Date:		Laser Training Date:							
	Certified with Weapon Used? <input type="checkbox"/>		Patrol Certification? <input type="checkbox"/>		Certification Unit:		Prior Shootings? <input type="checkbox"/>		Number of Prior Shootings:		Directed Force: <input type="checkbox"/>	
	Weapons Fired Brand:		Caliber:		# Shots:		Weapons Fired Brand:		Caliber:		# Shots:	
Field Training Officer Emp #		Last Name			First Name			M.I.				
Field Training Officer Emp #		Last Name			First Name			M.I.				

Officer Involved Shooting Suspect Information

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Suspect Information																
S 1	Last Name			Duran			First Name			Jesus			M.I.		A.	
	AKA Last Name						First Name						M.I.			
	Sex: M		Race: H		Street Address			City			State			Zip		
	Work Phone:			Home Phone:			Social Security #:			Driver's License #:						
	Age: 31		D.O.B. 05-10-85		Height: 5'11"		Weight: 148		FBI #			CII #				
	Booking #			Primary Charge:			Secondary Charge:									
	Coroner Case? <input type="checkbox"/>			Coroner Case #			Intoxication/Drug Usage? <input checked="" type="checkbox"/>			Substance Used: Methamphetamine						
	Armed? <input checked="" type="checkbox"/>			Apprehended? <input type="checkbox"/>			Mental Illness? <input checked="" type="checkbox"/>			Criminal History? <input type="checkbox"/>						
	Vehicle Make		Model:		Year:		Parole: No		Probation: No		Prior Felony Conviction: No					
S	Last Name						First Name						M.I.			
	AKA Last Name						First Name						M.I.			
	Sex:		Race:		Street Address:			City			State & Zip Code:					
	Work Phone:			Home Phone:			Social Security #:			Driver's License #:						
	Age:		D.O.B.:		Height:		Weight:		FBI #			CII #				
	Booking #			Primary Charge:			Secondary Charge:									
	Coroner Case? <input type="checkbox"/>			Coroner Case #			Intoxication/Drug Usage? <input type="checkbox"/>			Substance Used:						
	Armed? <input type="checkbox"/>			Apprehended? <input type="checkbox"/>			Mental Illness? <input type="checkbox"/>			Criminal History? <input type="checkbox"/>						
	Vehicle Make		Model:		Year:		Parole:		Probation:		Prior Felony Conviction:					
S	Last Name						First Name						M.I.			
	AKA Last Name						First Name						M.I.			
	Sex:		Race:		Street Address:			City			State & Zip Code:					
	Work Phone:			Home Phone:			Social Security #:			Driver's License #:						
	Age:		D.O.B.:		Height:		Weight:		FBI #			CII #				
	Booking #			Primary Charge:			Secondary Charge:									
	Coroner Case? <input type="checkbox"/>			Coroner Case #			Intoxication/Drug Usage? <input type="checkbox"/>			Substance Used:						
	Armed? <input type="checkbox"/>			Apprehended? <input type="checkbox"/>			Mental Illness? <input type="checkbox"/>			Criminal History? <input type="checkbox"/>						
	Vehicle Make		Model:		Year:		Parole:		Probation:		Prior Felony Conviction:					
S	Last Name						First Name						M.I.			
	AKA Last Name						First Name						M.I.			
	Sex:		Race:		Street Address:			City			State & Zip Code:					
	Work Phone:			Home Phone:			Social Security #:			Driver's License #:						
	Age:		D.O.B.:		Height:		Weight:		FBI #			CII #				
	Booking #			Primary Charge:			Secondary Charge:									
	Coroner Case? <input type="checkbox"/>			Coroner Case #			Intoxication/Drug Usage? <input type="checkbox"/>			Substance Used:						
	Armed? <input type="checkbox"/>			Apprehended? <input type="checkbox"/>			Mental Illness? <input type="checkbox"/>			Criminal History? <input type="checkbox"/>						
	Vehicle Make		Model:		Year:		Parole:		Probation:		Prior Felony Conviction:					

Rollout Information							
Arrival Date	06-11-16	Arrival Time	1720	Date Submitted	05-08-19	Date of Recommendation	
Employee #		Last Name	Maldonado	First Name	Albert	M.I.	M.
Employee #		Last Name	Hamil	First Name	Jeffrey	M.I.	F.
Employee #		Last Name	Valle	First Name	Paul	M.I.	S.
Shooting / Force Information							

Method

(AW)	Arwen	(OV)	Other Weapon: Vehicle
(BC)	Baton:(Control)	(OB)	Other Weapon: Blunt Object
(BI)	Baton:(Impact)	(OO)	Other Weapon: Other
(BF)	Bodily Fluids	(PK)	Personal Weapon: Feet/Leg: (Kick)
(CN)	Canine	(PS)	Personal Weapon: Feet/Leg: (Sweep)
(CR)	Carotid Restraint	(PH)	Personal Weapon (Hand/Arm)
(CH)	Choke Hold	(PP)	Personal Weapon (Push)
(CT)	Control Holds:(Control Techniques)	(PO)	Personal Weapon (Other)
(TT)	Control Holds:(Team Takedown)	(RS)	Resistance
(TD)	Control Holds:(Takedown)	(CN)	Restraint Device (Capture Net)
(CE)	Chemical	(RH)	Restraint Device (Handcuffs)
(OC)	Chemical Agents (OC Spray)	(RB)	Restraint Device:Hobble (Legs Only)
(TG)	Chemical Agents (Tear Gas)	(TP)	Restraint Device:Hobble (TARP)
(EX)	Explosives	(RE)	Restraint Device: REACT Belt
(FH)	Firearm (Handgun)	(SP)	Sap
(FR)	Firearm (Rifle)	(SH)	Shield
(FS)	Firearm (Shotgun)	(SG)	37mm Stinger
(FO)	Firearm (Other)	(SB)	Sting Ball
(FB)	Flashbang	(ST)	Stun Bag
(FL)	Flashlight	(TR)	Taser
(OE)	Other Weapon: Edged	(UC)	Uncooperative

Type of Injury

(AB)	Abrasion
(BR)	Bruise
(BU)	Burn
(CP)	Complaint of Pain
(CO)	Concussion
(DH)	Death
(DI)	Dislocation
(DB)	Dog Bite
(FR)	Fractures
(GS)	Gunshot
(HB)	Human Bite
(LC)	Lacerations
(ND)	Nerve Damage
(OD)	Organ Damage
(PA)	Paralysis
(PW)	Puncture Wound
(SD)	Soft Tissue Damage
(ST)	Sprain/Twists
(UN)	Unconscious
(RM)	Refused Med Treatment
(NN)	NONE

Body Part Injured

(AD)	Abdomen
(AK)	Ankle
(AR)	Arm
(BK)	Back
(BT)	Buttocks
(CH)	Chest
(EL)	Elbow
(FA)	Face
(FE)	Feet
(FI)	Fingers
(GE)	Genitals
(GR)	Groin
(HD)	Hand
(HE)	Head
(HI)	Hip
(IN)	Internal
(KN)	Knees
(LE)	Leg
(NK)	Neck
(SH)	Shoulder
(WR)	Wrist

Brand

(AK)	AK-47	(JE)	Jennings	(SW)	Smith & Wesson
(BN)	Benelli	(LO)	Lorcin	(SR)	Sturm Ruger
(BR)	Beretta	(LU)	Luger	(SS)	SIG Sauer
(BW)	Browning	(MA)	Marlin	(ST)	Sterling
(CH)	Charter Arms	(MO)	Mossberg	(TA)	Taurus
(CO)	Colt	(NC)	NCI aka SKS	(WE)	Weatherby
(DA)	Davis Industries	(NA)	North American	(WN)	Winchester
(GL)	Glock	(NO)	Norinco	(US)	US Government
(HA)	Harrington & Richardson	(RA)	Raven	(YY)	Handmade (Inmate)
(HI)	Hi Standard	(RM)	Remington	(XX)	Homemade (Non-Inmate)
(HK)	H & K	(RG)	RG	(ZZ)	Other Brand
(IT)	Ithica	(RI)	RGI		

Caliber

(9)	9 mm	(24)	.243 caliber	(41)	.410 guage
(10)	10 mm	(25)	.25 caliber	(44)	.44 caliber
(12)	12 guage	(30)	.308 caliber	(45)	.45 caliber
(20)	20 guage	(35)	.357 caliber	(50)	50 mm
(21)	.22-250	(36)	30-60 caliber	(SL)	Slug
(22)	.22 caliber	(38)	.38 caliber	(WW)	Other caliber
(23)	.223 caliber	(40)	.40 caliber		

FORCE APPLIED (one code per block)

[illegible]

Los Angeles County Sheriff's Department

Supervisor's Report on Use of Force

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Incident Information

URN: 016 - 08468 - 0250 - 013		Date: 06-11-16	Time: 1430
Location: Corona Avenue	City or Station: Maywood		
Bureau/Station/Facility: East Los Angeles Station	Admin. Investigation: <input type="radio"/> YES <input checked="" type="radio"/> NO		
Type of Force: Taser and Firearm			
Incident Category: <input type="radio"/> 1 <input type="radio"/> 2 <input checked="" type="radio"/> 3	Deputy Injury: <input type="radio"/> YES <input checked="" type="radio"/> NO Suspect Injury: <input checked="" type="radio"/> YES <input type="radio"/> NO		
<input checked="" type="checkbox"/> Call	<input type="checkbox"/> Observation	<input type="checkbox"/> Detail	<input type="checkbox"/> Foot Pursuit <input type="checkbox"/> Vehicle Pursuit
IAB Notified: <input checked="" type="radio"/> YES <input type="radio"/> NO	Person Notified: Lt. Maldonado	Emp: [REDACTED]	IAB Roll Out: <input checked="" type="radio"/> YES <input type="radio"/> NO

Involved Employee

E1	Emp #	Last Name: Chinarian	First Name: Eric	Middle I.: NMI	Rank: DSG
	Sex: <input checked="" type="radio"/> M <input type="radio"/> F	Race: W	Height: 5'08"	Weight: 185	Age: [REDACTED]
Unit of Assignment: East Los Angeles Station			Work Assignment (Unit #, Module, etc.): Unit 28		
Individual Force Used: Firearm			<input type="radio"/> Directed <input type="radio"/> Rescue <input type="radio"/> Medical Assist		Individual Category: <input type="radio"/> 1 <input type="radio"/> 2 <input checked="" type="radio"/> 3
<input type="checkbox"/> Injured <input type="checkbox"/> Treated <input type="checkbox"/> Admitted Facility: _____					Coroner Case #

E2	Emp #	Last Name: [REDACTED]	First Name: [REDACTED]	Middle I.: [REDACTED]	Rank: [REDACTED]
	Sex: <input type="radio"/> M <input type="radio"/> F	Race: [REDACTED]	Height: 5'10"	Weight: 175	Age: [REDACTED]
Unit of Assignment: East Los Angeles Station			Work Assignment (Unit #, Module, etc.): [REDACTED]		
Individual Force Used: Taser			<input type="radio"/> Directed <input type="radio"/> Rescue <input type="radio"/> Medical Assist		Individual Category: <input type="radio"/> 1 <input checked="" type="radio"/> 2 <input type="radio"/> 3
<input type="checkbox"/> Injured <input type="checkbox"/> Treated <input type="checkbox"/> Admitted Facility: _____					Coroner Case #

E	Employee #	Last Name	First Name	Middle I.	Rank
	Sex: <input type="radio"/> M <input type="radio"/> F	Race:	Height:	Weight:	Age:
Unit of Assignment:			Work Assignment (Unit #, Module, etc.):		
Individual Force Used:			<input type="radio"/> Directed <input type="radio"/> Rescue <input type="radio"/> Medical Assist		Individual Category: <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<input type="checkbox"/> Injured <input type="checkbox"/> Treated <input type="checkbox"/> Admitted Facility: _____					Coroner Case #

On Duty Supervisor

Emp #	Last Name: Moreno	First Name: Dianne	Middle I.: NMI	Rank: SGT	Present: <input checked="" type="radio"/> YES <input type="radio"/> NO	Witness to Incident: <input checked="" type="radio"/> YES <input type="radio"/> NO
Supervisor Completing Investigation						
Emp #	Last Name: Valle	First Name: Paul	Middle I.: S.	Rank: SGT	Present: <input type="radio"/> YES <input checked="" type="radio"/> NO	Witness to Incident: <input type="radio"/> YES <input checked="" type="radio"/> NO
Watch Commander / Supervising Lieutenant						
Emp #	Last Name: Salinas	First Name: Alejandro	Middle I.: NMI	Rank: LT		

Watch Commander / Supervising Lieutenant's Signature: _____ Date: _____ Copy Provided to Employee by: _____ Emp #: _____

Unit Commander (Print Name): _____ Unit Commander's Signature: _____ Emp #: _____ Date: _____

DISCOVERY Use Only
FO#

☐ PPI REVIEW COMPLETED

Original: Discovery Unit
Copy: Unit Commander

SH-R-438P (Rev. 01/13)

2484331

Supervisor's Report on Use of Force
SUSPECT INFORMATION

0 1 6 - 0 8 4 6 8 - 0 2 5 0 - 0 1 3

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Suspect Information

S <u>1</u>	Last Name		First Name		Middle Name		Armed? Select		
	Duran		Jesus		A.		Other Weapon: Edged		
AKA Last Name		First Name		Middle Name					
Sex: <input checked="" type="radio"/> Male <input type="radio"/> Female		Race: H	Age: 31	Height: 5'11"	Weight: 148	D.O.B: 05-10-85	Phone #1: <input checked="" type="radio"/> H <input type="radio"/> W <input type="radio"/> C	Phone #2: <input type="radio"/> H <input type="radio"/> W <input type="radio"/> C N/A	
Street Address:				City:		State & Zip Code:			
Booking #:		Primary Charge Code:		245(a)(1) PC		Secondary Charge Code:		Criminal History	
Treated on Scene? <input checked="" type="radio"/> YES <input type="radio"/> NO		Name:		LACo Fire Department		Unit:		Engine 163	
Phone #:		323-560-1571							
Hospital Admission? <input type="checkbox"/>		Rec'd Treatment At:		St. Francis Med. Ctr.		Coroner Case #:		16-04316	
Mental History <input checked="" type="checkbox"/>		User's guide provides direction on this entry							
By:		Address:		3630 East Imperial Hwy, Lynwood		Phone #:		310-900-8900	
Under Influence: <input type="radio"/> YES <input type="radio"/> NO		Substance:				5150 a factor in force? <input checked="" type="radio"/> YES <input type="radio"/> NO		User's guide provides direction on this entry	
Date:		Time:		<input type="checkbox"/> Audiotape: <input type="checkbox"/> Videotape: <input type="checkbox"/> Photos of Injuries:		<input type="checkbox"/> ADMITS HEARING ANNOUNCEMENTS			

Suspect Information

S <u> </u>	Last Name		First Name		Middle Name		Armed? Select	
AKA Last Name		First Name		Middle Name				
Sex: <input type="radio"/> Male <input type="radio"/> Female		Race:	Age:	Height:	D.O.B.	Weight:	Phone #1: <input type="radio"/> H <input type="radio"/> W <input type="radio"/> C	Phone #2: <input type="radio"/> H <input type="radio"/> W <input type="radio"/> C
Street Address:				City:		State & Zip Code:		
Booking #:		Primary Charge Code:		Secondary Charge Code:		<input type="checkbox"/> Criminal History		
Treated on Scene? <input type="radio"/> YES <input type="radio"/> NO		By:		Unit:		Phone #:		
Hospital Admission? <input type="checkbox"/>		Rec'd Treatment At:		Coroner Case #:		Mental History <input type="checkbox"/>		User's guide provides direction on this entry
By:		Address:		Phone #:				
Under Influence: <input type="radio"/> YES <input type="radio"/> NO		Substance:				5150 a factor in force? <input type="radio"/> YES <input type="radio"/> NO		User's guide provides direction on this entry
Date:		Time:		<input type="checkbox"/> Audiotape: <input type="checkbox"/> Videotape: <input type="checkbox"/> Photos of Injuries:		<input type="checkbox"/> ADMITS HEARING ANNOUNCEMENTS		

Suspect Information

S <u> </u>	Last Name		First Name		Middle Name		Armed? Select	
AKA Last Name		First Name		Middle Name				
Sex: <input type="radio"/> Male <input type="radio"/> Female		Race:	Age:	Height:	D.O.B.	Weight:	Phone #1: <input type="radio"/> H <input type="radio"/> W <input type="radio"/> C	Phone #2: <input type="radio"/> H <input type="radio"/> W <input type="radio"/> C
Street Address:				City:		State & Zip Code:		
Booking #:		Primary Charge Code:		Secondary Charge Code:		<input type="checkbox"/> Criminal History		
Treated on Scene? <input type="radio"/> YES <input type="radio"/> NO		By:		Unit:		Phone #:		
Hospital Admission? <input type="checkbox"/>		Rec'd Treatment At:		Coroner Case #:		Mental History <input type="checkbox"/>		User's guide provides direction on this entry
By:		Address:		Phone #:				
Under Influence: <input type="radio"/> YES <input type="radio"/> NO		Substance:				5150 a factor in force? <input type="radio"/> YES <input type="radio"/> NO		User's guide provides direction on this entry
Date:		Time:		<input type="checkbox"/> Audiotape: <input type="checkbox"/> Videotape: <input type="checkbox"/> Photos of Injuries:		<input type="checkbox"/> ADMITS HEARING ANNOUNCEMENTS		

Supervisor's Report on Use of Force

EMPLOYEE / NON-EMPLOYEE INFORMATION

0 1 6 - 0 8 4 6 8 - 0 2 5 0 - 0 1 3

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Employee Witnesses					
Emp. #	Last Name	First Name	Middle Name		
	Alatorre	Jaime	NMI		
Unit of Assignment:		Work Assignment (Unit #, Module, etc.):		Shift:	
East Los Angeles Station		Unit 28		<input type="radio"/> EM <input checked="" type="radio"/> Day <input type="radio"/> PM <input checked="" type="radio"/> Regular <input type="radio"/> OT <input type="radio"/> Off Duty	
Emp. #	Last Name	First Name	Middle Name		
	Cuevas	Jose	A.		
Unit of Assignment:		Work Assignment (Unit #, Module, etc.):		Shift:	
East Los Angeles Station		Unit 26		<input type="radio"/> EM <input checked="" type="radio"/> Day <input type="radio"/> PM <input checked="" type="radio"/> Regular <input type="radio"/> OT <input type="radio"/> Off Duty	
Emp. #	Last Name	First Name	Middle Name		
Unit of Assignment:		Work Assignment (Unit #, Module, etc.):		Shift:	
				<input type="radio"/> EM <input type="radio"/> Day <input type="radio"/> PM <input type="radio"/> Regular <input type="radio"/> OT <input type="radio"/> Off Duty	
Non-Employee Witnesses					
Last Name		First Name		Middle Name	Age D.O.B.
Street Address		City	Zip Code	Phone #1	Phone #2
Last Name		First Name		Middle Name	Age D.O.B.
Street Address		City	Zip Code	Phone #1	Phone #2
Last Name		First Name		Middle Name	Age D.O.B.
Street Address		City	Zip Code	Phone #1	Phone #2
Last Name		First Name		Middle Name	Age D.O.B.
Street Address		City	Zip Code	Phone #1	Phone #2
Last Name		First Name		Middle Name	Age D.O.B.
Street Address		City	Zip Code	Phone #1	Phone #2
Last Name		First Name		Middle Name	Age D.O.B.
Street Address		City	Zip Code	Phone #1	Phone #2
Last Name		First Name		Middle Name	Age D.O.B.
Street Address		City	Zip Code	Phone #1	Phone #2
Last Name		First Name		Middle Name	Age D.O.B.
Street Address		City	Zip Code	Phone #1	Phone #2
Last Name		First Name		Middle Name	Age D.O.B.
Street Address		City	Zip Code	Phone #1	Phone #2

☐ Additional Witness

$$\boxed{0} \boxed{1} \boxed{6} - \boxed{0} \boxed{8} \boxed{4} \boxed{6} \boxed{8} - \boxed{0} \boxed{2} \boxed{5} \boxed{0} - \boxed{0} \boxed{1} \boxed{3}$$